

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			0			51		1				
2		1	1				52		1				
3		1		1			53		1				
4		3	01				54		4				
5		1		1			55	1					
6		1		1			56	1					
7	1			1			57	1					
8		1		1			58		1				
9		1	1				59		1				
10		1	1				60		1				
11		1		1			61		6				
12		1		1			62	1					
13		1		1			63	1					
14		1		1			64		6				
15		1	1				65		2				
16	1			1			66		6				
17		1					67		2				
18		1					68		2				
19		1					69		2				
20		1					70	1					
21		1					71		0				
22		6					72	1					
23		1					73		1				
24		1					74		1				
25		2					75		2				
26		1					76	1					
27		1					77		1				
28		1					78	1					
29		1					79		1				
30		1					80		1				
31		1					81		1				
32	1						82		4				
33		1					83		4				
34		1					84		4				
35		1					85	1					
36		1					86		1				
37		5					87		1				
38		5					88	1					
39		5					89		1				
40		5					90		1				
41		5					91		1				
42		5					92		1				
43		5					93		1				
44	1						94		2				
45		1					95	1					
46		1					96		1				
47		1					97		1				
48		4					98	0	0		0		
49		4					99		0				
50	1						100	1	0				
TOTAL IND.	6		4				TOTAL IND.	12		22			
TOTAL DEP.	86		12				TOTAL DEP.	70		108			
TOTAL CLAIMS							TOTAL CLAIMS			196			